(c) No information is available about mosquito net racketeers of last year. However, adequate checks are provided for ensuring quality of the goods procured under the Programme.

Ban on Public Smoking

34. SHRI KRISHNA KUMAR BIRLA: Will Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether WHO has recently urged developing countries to adopt stringent measures including a ban on public smoking in view of tobacco related diseases/deaths;

(b) if so, the reaction of Government on such remarks;

(c) whether the existing measures taken by Government to ban smoking have been found to be ineffective;

(d) the total funds provided by WHO for the care of patients affected due to tobacco diseases during the past three years; and

(e) the concrete steps Government propose to take to check tobacco related diseases/deaths in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (e) The consumption of tobacco has been established to be a major health hazard. Of the estimated three million tobacco related annual deaths in the world, nearly one third take place in our country. In view of the adverse impact of tobacco on health, all the Member States of the World Health Organisation resolved to implement tobacco control strategies through legislative means and increased public awareness. In view of the various recommendations and international experience in this regard, the Ministry of Health and Family Welfare introduced a comprehensive legislation in the Rajya Sabha on 7th March, 2001 for discouraging use of tobacco and its products. The sailent features of the Bill include prohibition of smoking in public places, ban on sale of tobacco products to minors and ban on advertisement of tobacco products. The Bill is under consideration of the Department related

Parliamentary Standing Committee on Human Resource Development.

In the year 2000-01, Government of India has spent around Rs. 82 lakhs on creating awareness among people regarding use of tobacco products. During the biennium 2000-2001, World Health Organisation has provided for a total of US $ 1.2 million for funding programmes on discouraging use of tobacco products.

Prevention of Female Foeticide

35. SHRI K. KALAVENKATA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the decision taken at the recent meeting of the Indian Medical Association to evolve an effective strategy for prevention of female foeticide; and

(b) the action proposed for creating public awareness to curb such practice in order to maintain balance between male and female in each State?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Indian Medical Association in collaboration with UNICEF and National Commission for Women convened on 24th June, 2001, a Religious Leaders; Meet to seek consensus towards an effective strategy for elimination of female foeticide/ infanticide at New Delhi. The Meet was attended by many religious leaders, Government functionaries, doctors, social activists, representatives from media, NGOs, educationist and legal experts. All religious leaders out-rightly condemened the practice of female foeticide and gave a call to the citizens of India for shunning this inhuman practice. A copy of the "pledge" taken by religious leaders at concluding session of the meeting is given in the enclosed Statement *[Refer to the Statement appended to the answer to Unstarred Question No.* 16 part (e)]

(b) In order to curtail and eliminate the sex selective foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 banning disclosure of sex of foetus is in operation